



## COUNTY OF SALEM

94 Market Street, Salem, NJ 08079

### **NOTICE OF PROPOSAL PROVIDING INSURANCE BROKERAGE AND CONSULTING SERVICES FOR THE COUNTY OF SALEM**

The County of Salem is soliciting proposals through a fair and open process in accordance with N.J.S.A. 19:44A-20.4 et seq.

Sealed RFQ responses will be received by Carol Wooten, Purchasing Agent on **Thursday, December 15, 2011 at 11:00 am** at 94 Market Street, Purchasing Department, 2<sup>nd</sup> Fl, Salem, NJ 08079, at which time and place responses will be opened for:

1. Providing Insurance Brokerage and Consulting Services for the County of Salem.

Specifications and instructions are included in the attached document. Oral presentations may be required by qualified respondents if deemed necessary by the County of Salem.

Respondents shall comply with the requirements of P.L. 1975 C127 (N.J.S.A. 17:27 et seq.) Affirmative Action and P.L. 1977, C.33 (N.J.S.A 52:25-24.2) Corporate Disclosure.

Any questions regarding this Request for Qualifications shall be addressed to Carol Wooten, Purchasing Agent at 94 Market Street, Purchasing Department, 2<sup>nd</sup> Fl, Salem, NJ 08079

By order of the Board of Chosen Freeholders of the County of Salem, Lee R. Ware, Director.

*Carol S. Wooten*  
*Purchasing Agent*



# COUNTY OF SALEM

## Request for Qualifications

Insurance Brokerage and Consulting Services

Due:

***December 15, 2011***

***11:00 AM***

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## **I. Introduction – Statement of Purpose**

Please find the enclosed Request for Qualification (RFQ) for Insurance Brokerage and Consulting Services for the County of Salem. The County of Salem is undergoing this process as a normal course of business. The RFQ is intended to help the County of Salem evaluate the technical capabilities of responding Property & Casualty Insurance Brokers to ensure that the services provided to our organization are consistent with “best practices” available in the current market. After reviewing RFQ Responses, we expect to interview several insurance brokers prior to making a final selection. After selecting an insurance brokerage partner, that firm will be provided full access to the insurance marketplace to negotiate coverage and appropriate services on behalf of the County of Salem.

Despite any language contained herein to the contrary, this Request for Qualification does not constitute an offer and is intended solely to obtain competitive proposals from which the County of Salem may choose a broker(s) that best meet(s) the County of Salem’s needs.

## **II. Basic Instructions and Timeline**

### **A. Acknowledgement of Receipt of the RFQ**

Please send acknowledgement of receipt and intent to respond to this RFQ by November 30, 2011 via email to Douglas Wright, County Treasurer at [dwright@salemcountynj.gov](mailto:dwright@salemcountynj.gov)

### **B. RFQ Instructions/Requirements**

- One (1) original and three (3) copies of the RFQ Response must be received by the County of Salem in a sealed package on the date and time indicated below.
- Successful respondents must provide answers to all questions posed by this RFQ in order to be considered as a prospective insurance broker for the County of Salem
- All of the mandatory requirements outlined in Section VII of this RFQ must be included in any successful RFQ Response.
- Respondents are not authorized to engage in any discussions with insurance carriers relating to the County of Salem Insurance and Risk Management Programs.

### **C. Primary Contact**

Please address any questions to Douglas Wright, Treasurer no later than December 6, 2011. Contact information is as follows:

Douglas Wright, Treasurer  
Phone: (856) 339-8601  
Fax: (856) 935-9036  
Email: [dwright@salemcountynj.gov](mailto:dwright@salemcountynj.gov)

### **D. Submission Closing Date and Instructions**

The closing date for all responses is **Thursday, December 15, 2011** at or before **11:00 am**. Responses received or submitted after the specified time may not be accepted. Please provide one (1) original and three (3) copies of your response to Carol Wooten, Purchasing Agent at:

The County of Salem  
Purchasing Department, 2<sup>nd</sup> Fl.  
94 Market Street  
Salem, NJ 08079

**E. Presentations**

On December 6, 2011, selected brokers may be requested to present an oral proposal to the County of Salem during the week of December 12, 2011. Thirty (30) Minutes time will be allocated for the proposed broker to present their qualifications and to entertain any questions the County of Salem may have regarding their response. The choice of brokers and/or the decision to entertain oral proposals by prospective brokers is solely at the discretion of the County of Salem.

**F. Anticipated Timeline**

Event	Date	Time
RFQ Released	November 23, 2011	8:30am
Acknowledgement of Receipt	November 30, 2011	4:30pm
Deadline for Questions Regarding the RFQ	December 6, 2011	4:30pm
Proposal Closing Date	December 15, 2011	11:00am
Broker Presentation Notification (If Any)	TBA	
Broker Presentations (If Any)	TBA	
Broker Selection	December 28, 2011	Freeholder Meeting

**G. Forms**

The following forms must be filled out and submitted with your proposal:

1. Statement of Authority
2. Questionnaire
3. Corporate Disclosure Statement
4. Affirmative Action Requirements
5. Vendor Information Sheet
6. Consent of Insurance Coverage
7. Non-Collusion Affidavit
8. Acknowledgement of Receipt of Addenda

### **III. The County of Salem Background Information**

#### **A. About the County of Salem**

Information about the County of Salem can be found at:

<http://www.salemcountynj.gov/cmssite/default.asp?contentID=505>

#### **B. Management**

Freeholder Director:	Lee R. Ware
County Administrator:	Earl R. Gage
County Treasurer:	Douglas Wright
Purchasing Agent:	Carol S. Wooten

#### **C. Current Insurance Program**

The County of Salem's current insurance program includes: Property, Automobile/Bus, General Liability, Workers Compensation, Employment Practices, Umbrella, Directors' and Officers, Kidnap & Ransom, Crime, Fiduciary, and Network Security insurance policies. These policies run concurrently with a policy period of January 1, 2011 to December 31, 2011.

Additional coverages:

Pollution Liability

Boiler and Machinery

Railroad Liability

Employee Dishonesty

Coroners Liability

Medical Professional Liability

Accident and Health for Volunteers

Underground Storage

## IV. Description of Services Requested

The selected broker will assist the County of Salem in the design, negotiation and implementation of a comprehensive insurance program for the County of Salem. This program should include, but not be limited to, the following:

1. Brokerage Service Team shall invest the time to study and obtain a full understanding of the County of Salem's operations and exposures.
2. Broker shall perform an analysis of the current insurance coverage to correct any deficiencies that may exist.
3. Broker shall develop a comprehensive Underwriting Submission outlining the County of Salem's exposures and operations.
4. Broker shall negotiate comprehensive insurance program alternatives with multiple insurance carriers for review by the County of Salem. The alternatives should allow comparison between Guaranteed Cost Programs and those programs that include some degree of "*self-insurance*" (where/if appropriate).
5. Brokerage shall present a comprehensive Insurance Proposal for review prior to placement of coverage.
6. Insurance Proposal shall include comprehensive Coverage Specifications, which detail terms, conditions, limitations and exclusions of the proposed the County of Salem Insurance Policies.
7. Brokerage shall be responsible for binding insurance at the renewal date and providing proper notification to the County of Salem.
8. Brokerage shall be required to provide Auto ID Cards, Certificates of Insurance and other relevant materials at or near the time of binding.
9. Brokerage shall develop a comprehensive plan for Claims Management during the course of any given policy period. This plan must be reviewed and approved by the County of Salem.
10. Brokerage shall develop and implement an appropriate Risk Control Plan designed to help prevent or mitigate claims activity at the County of Salem. The Risk Control Plan should be reviewed and approved by the County of Salem prior to the effective date of coverage.
11. Brokerage shall provide a Stewardship Report at least 120 days in advance of the renewal outlining the "*plan of attack*" for the renewal cycle and subsequent policy period.

The above list may not be all inclusive as it is difficult to predict from year-to-year the activities or services that may be required of an insurance brokerage firm working on behalf of the County of



Salem. The selected broker should be able to effectively demonstrate a breadth of capabilities which gives the County of Salem comfort that the selected broker is capable of responding to the myriad of issues that may arise in any given policy year.

## V. Technical Proposal

### A. General Questions

1. Provide a brief description of your firm's history, ownership and organizational structure.
2. Provide the addresses of your Corporate Headquarters and the proposed office which will provide services to the County of Salem.
3. Describe your firm's background, experience and exposure to companies/organizations similar to the County of Salem.
4. Provide an organizational chart which details the proposed Service Team for the County of Salem. Include resumes and proof of licensure for these individuals and your organization.
5. Provide three (3) current client references, including:
  - a. Company Name
  - b. Summary of Operations
  - c. Point of Contact (name, address, phone, email)
  - d. Length of Time as a customer; and
  - e. References should include members of the Service Team you are proposing for the County of Salem.
6. Describe your firm's access to the commercial insurance marketplace. What markets would you likely approach for an organization such as ours? Describe how you develop a "Marketing Plan" for a typical client.
7. What do you consider to be unique about how your firm approaches the negotiation process with insurance carriers?
8. What specialized strategies/procedures do you employ to ensure your clients receive the broadest possible coverage at the lowest possible cost?
9. What kind of quality control procedures are in-place at your firm to ensure that a carrier issues insurance contracts as negotiated?
10. Describe your proposed transition procedure (i.e., steps to be taken, data required and timing) assuming you are selected and awarded a Broker of Record Letter (BOR). Are there any separate charges associated with the transition?

**B. Account Management Services**

1. Describe the structure of your Account Management Teams. How many people are allocated to provide service to the County of Salem and what are their basic roles/ responsibilities?
2. Describe how you intend to monitor and evaluate the progress and performance of the insurance program. How is it reported back to the client?
3. Explain the coordination of Account Management Services, Loss Control Services, Claims Services and Risk Management Services that are applied to the County of Salem's account on a day-to-day basis. Is there a single point of contact that is responsible to coordinate all of these services?
4. Explain the process your company employs during the renewal cycle.
5. Is your firm involved in reviewing contracts for its insureds? Explain how this is done and what documentation, if any, would be provided to your clients with respect to Contract Review.
6. Explain the process employed by your organization to check the accuracy of insurance policies once they are issued to the County of Salem.
7. Does your company have the capability to place Surety Bonds on behalf of the County of Salem or do you subcontract this service? Provide a brief overview of your Surety capabilities.
8. Does your firm provide assistance when insurance companies come in to audit the County of Salem's records? Please summarize this process if it exists.

**C. Claims Service Capabilities**

1. Describe the reporting structure of personnel in your organization who are dedicated to providing claims services to your clients. How many people in your organization are dedicated strictly to providing claims services to your clients? How many total employees are there in your firm?
  2. Will the claims personnel assigned to the County of Salem's account be capable of assisting the County of Salem in the management of all claims or will there be multiple claims personnel assigned for different specialties? Will you service any extended "*tail periods*" associated with old claims or previous coverage? Is there a separate Service Fee associated with servicing claims from previous policy periods?
  3. Describe how your firm interfaces with clients in the claims process. Describe this for a Workers' Compensation claim and for a complex Property claim.
  4. Do your claims personnel interact with insurance company claim adjusters? What is the expectation in terms of the involvement of the County of Salem in this process?
  5. Describe strategies utilized by your Agency that have historically had the most positive impact on a customer's claims experience.
  6. Explain your firm's experience with Third Party Administrators (TPAs). How would you propose working together with a TPA if one was necessary for our account?
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7. Explain your firm's emergency claims procedures should a significant claim develop outside of normal working hours.
8. What specific experience does your firm have in managing claims for organizations with similar exposures to that of the County of Salem?
9. Provide the address of your office or offices where claims personnel who may be assisting the County of Salem are located.

**D. Risk Control Capabilities**

1. Describe your experience in providing safety and Risk Control Services to Public Entities and other similar organizations in New Jersey. Provide a list of three (3) references that would specifically speak to your firm's Risk Control expertise.
2. Provide the name and qualifications of the consultant or consultants that will be assigned to provide Safety and Risk Control Services to the County of Salem. What office do these personnel work from? Please provide office address.
3. Provide information about your Safety and Loss Control training capabilities and experience.
4. Describe your ability to provide Safety and Loss Control Audits that will identify accident causation and will recommend practical methods for improvement.
5. Describe your experience and ability to benchmark and analyze loss data to develop practical solutions for reducing accident frequency and costs.
6. Describe your experience with accident investigations and your ability to respond in person to emergencies in a timely manner.

**E. Risk Management Services**

1. What type of Risk Management Services do you provide to your clients?
2. Provide a statement about how your firm will assess the future needs and risks of the County of Salem's operations.
3. What Risk and Loss Control Services will you provide and how many service hours will be included in your proposed fee? Is this service provided exclusively by your in-house staff? If not, please explain any special arrangements you have in place with contracted providers and the additional cost of such services, if any.
4. Describe specifically how you help New Jersey Public Entities and similar organizations reduce accident rates.
5. Describe specifically how you have assisted New Jersey Public Entities control Workers' Compensation claims. Site examples.
6. Explain how your firm has assisted clients in selecting, auditing, and supervising Third Party Administrators.
7. Describe your process to evaluate the effectiveness of your clients' Risk Control and Risk Management programs.
8. Describe the services that you offer to assist clients actuarially project claims, prepare budgets and internal allocations, and assist independent auditors with the appropriate bookkeeping entries for your clients' insurance programs.

## **VI. Evaluation Criteria**

In selecting a Broker, the County of Salem will independently evaluate each submission. Selection will be made on the basis of the following criteria:

1. Overall completeness and clarity of the response submitted
2. Proven record of experience in providing the services detailed herein.
3. Ability to provide services in a timely manner.
4. Access to and experience working with a broad range of insurance providers.
5. The qualifications of the Service Team outlined in this RFQ.
6. Satisfaction of clients as evidenced by references provided in the selected broker's RFQ Response.
7. Quality of oral presentation (if required).

## VII. Administrative Conditions and Mandatory Requirements

The following items apply to the administrative conditions and requirements of this RFQ. Any proposed change, modification, or exception to these conditions and requirements may be the basis for the County of Salem to determine the proposal as “non-responsive” to the RFQ, potentially eliminating the responding broker from consideration. The contents of the proposal of the successful respondent, as accepted by the County of Salem, will become part of any contract awarded as a result of this RFQ.

### A. Schedule

The dates established for the procurement are:

Release of RFQ	November 23, 2011
Proposal Due Date	December 15, 2011
Governing Body Action	December 28, 2011
Contract Commencement	January 1, 2012

### B. Proposal Submission Information

#### Submission Date and Time

Friday, December 15, 2011 at 11:00am

One (1) Original & Three (3) copies must be submitted.

#### Submission Office:

Carol S. Wooten, Purchasing Agent  
Purchasing Department, 2<sup>nd</sup> Fl.  
94 Market Street  
Salem, NJ 08079

Respondents shall clearly mark their submittal package with the title of this RFQ and the name of the responding firm, addressed to Carol Wooten, Purchasing Agent. The original proposal shall be marked to distinguish it from the seven (7) copies.

Only those RFQ responses received prior to or on the submission date & time will be considered. Responses delivered before the submission date and time specified above may be withdrawn upon written application of the respondent who shall be required to produce evidence showing that the individual is or represents the principal or principals involved in the proposal. After the submission date and time specified above, responses must remain firm for a period of sixty (60) days.

**C. Organizational Representative for this Solicitation**

Please direct all questions in writing to:  
Douglas Wright, Treasurer  
Phone: (856) 339-8601  
Fax: (856) 935-2926  
Email: [dwright@salemcountynj.gov](mailto:dwright@salemcountynj.gov)

**D. Interpretations and Addenda**

Respondents are expected to examine the RFQ with care and observe all its requirements. All questions about the meaning or intent of this RFQ, all interpretations and clarifications considered necessary by the County of Salem in response to such comments and questions will be issued by Addenda mailed or delivered to all parties recorded as having received the RFQ package. Only comments and questions responded to by formal written Addenda will be binding. Oral interpretations, statements or clarifications are without legal effect.

**E. Cost Liability and Additional Costs**

The County of Salem assumes no responsibility and liability for costs incurred by the respondents prior to the issuance of an agreement. The liability of the County of Salem shall be limited to the terms and conditions of the contract.

Respondents will assume responsibility for all costs not stated in their proposals. All unit rates either stated in the proposal or used as a basis for its pricing are required to be all-inclusive. Additional charges, unless incurred for additional work performed by request of the County of Salem, are not to be billed and will not be paid.

**F. Statutory and Other Requirements**

**1. Compliance with Laws**

Any contract entered into between the contractor and the County of Salem must be in accordance with and subject to compliance by both parties with the New Jersey Local Public Contracts Law. The contractor must agree to comply with the non-discrimination provisions and all other laws and regulations applicable to the performance of services there under. The respondent shall sign and acknowledge such forms and certificates as may be required by this section.

**2. Mandatory Affirmative Action Compliance**

No firm may be issued a contract unless it complies with the Affirmative Action requirements of P. L. 1975, C. 127 as identified in the documents attached hereto. The form enclosed herein shall be properly executed.

**3. Americans with Disabilities Act of 1990**

Discrimination on the basis of disability in contracting for the delivery of services is prohibited. Respondents are required to read American with Disabilities language that is part of the documents attached hereto and agree that the provisions of Title II of the Act are made part of the contract. The contractor is obligated to comply with the Act and hold the owner harmless.

**4. Stockholder Disclosure**

No corporation or partnership shall be awarded any contract for the performance of any work or the furnishing of any goods, unless, with receipt of the proposal of said corporation or partnership, there is submitted a statement setting forth the names and addresses of all

stockholders in the corporation or partnership who own ten (10) percent or greater interest therein. Respondents shall complete and submit the form of statement included herein.

**5. Non-Collusion Affidavit**

The Non-Collusion Affidavit, which is included herein, shall be properly executed and submitted with the **RFQ** response.

**6. NJ Business Registration Certificate**

Pursuant to C57, PL2004, all New Jersey and out of state business organizations must obtain a Business Registration Certificate from the New Jersey Department of the Treasury, Division of Revenue, prior to conducting business in the State of New Jersey. Respondents shall be required to submit proof of their valid Business Registration prior to contract award. Questions regarding Business Registration may be directed to the Division of Revenue at (609) 292-1730. Online filing is available at [www.state.nj.us/treasury/revenue/taxreg.htm](http://www.state.nj.us/treasury/revenue/taxreg.htm).

**7. Insurance and Indemnification**

If it becomes necessary for the contractor, either as principal or by agent or employee, to enter upon the premises or property of the owner in order to construct, erect, inspect, make delivery or remove property hereunder, the contractor hereby covenants and agrees to take use, provide and make all proper, necessary and sufficient precautions, safeguards, and protection against the occurrence of happenings of any accident, injuries, damages, or hurt to person or property during the course of the work herein covered and his/her sole responsibility.

The contractor further covenants and agrees to indemnify and save harmless the County of Salem from the payment of all sums of money or any other consideration(s) by reason of any, or all, such accidents, injuries, damages, or hurt that may happen or occur upon or about such work and all fines, penalties and loss incurred for or by reason of the violation of any owner regulation, ordinance or the laws of the State, or the United States while said work is in progress.

The contractor shall purchase and maintain during the entire period of this contract, errors and omissions insurance which shall protect the contractor and the Organization from any and all claims that may arise out of or result from the contractor's performance of this contract. A Certificate of Insurance in the amount of two million (\$2,000,000.00) dollars per occurrence and four million (\$4,000,000.00) dollars aggregate shall be provided to the the County of Salem prior to contract award.

**H. Multiple Proposals Not Accepted**

More than one proposal from an individual, a firm or partnership, a corporation or association under the same or different names, shall not be considered.

**I. Failure to Enter Contract**

Should the respondent, to whom the contract is awarded, fail to enter into a contract within ten (10) days, Sundays and holidays excepted, the owner may then, at its option, accept the proposal of another respondent.

**J. Commencement of Work**

This shall be a one (1) year contract commencing on January 1, 2012, terminating December 31, 2012.



**K. Termination of Contract**

If, through any cause, the contractor shall fail to fulfill in a timely and proper manner, obligations under the contract or if the contractor violates any requirements of the contract, the owner shall thereupon have the right to terminate the contract by giving written notice to the contractor of such termination at least thirty (30) days prior to the proposed effective date of the termination. Such termination shall relieve the owner of any obligation for the balances to the contractor of any sum or sums set forth in the contract.

The contractor agrees to indemnify and hold the County of Salem harmless from any liability to subcontractors/suppliers concerning payment for work performed or goods supplied arising out of the lawful termination of the contract by the County of Salem under this provision. In case of default by the contractor, the County of Salem may procure the articles or services from other sources and hold the contractor responsible for any excess cost occasioned thereby.

**L. Challenge of Specifications**

Any respondent who wishes to challenge a specification shall file such challenge in writing with the Purchasing Agent no less than three (3) business days prior to the opening of the RFQs. Challenges filed after that time shall be considered void and having no impact on the County of Salem or the award of contract.

**M. Payment**

Invoices for payment, if applicable to this contract, shall specify, in detail, the period for which payment is claimed, the services performed during the prescribed period, the amount claimed and correlation between the services claimed and the Proposal Document.

The County of Salem may withhold all or partial payments on account of subsequently discovered evidence including but not limited to the contractor not complying with the terms of the contract.

When the above grounds are removed, payment shall be made for amounts withheld because of them.

**STATEMENT OF AUTHORITY**

BID SUBMITTED FOR:

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BID SUBMITTED BY: \_\_\_\_\_

(Please Print)

SIGNATURE: \_\_\_\_\_

(Bid must be signed to be valid)

TITLE: \_\_\_\_\_ DATE : \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_

TAXPAYER IDENTIFICATION NUMBER: \_\_\_\_\_

**By submitting and signing this bid, we certify that we are familiar with all conditions and requirements of this bid.**

## **QUESTIONNAIRE**

Please answer the following questions

List two (2) public or private agencies presently or previously contracted to whom you provide or have provided the services as herein specified. Include a contact name and telephone number.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many employees does your company presently employ? \_\_\_\_\_

How many years has your company been providing this service? \_\_\_\_\_

Has your company ever failed to complete any contract with regard to any of the services herein described? Yes\_\_\_\_ No\_\_\_\_. If yes, provide details here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and telephone numbers of personnel who can be contacted if problems or emergencies arise: \_\_\_\_\_

\_\_\_\_\_

Name and telephone number of an individual who can be contacted at all times if service information is requested: \_\_\_\_\_

\_\_\_\_\_

## **CORPORATE DISCLOSURE STATEMENT**

☐

I certify that the list below contains the names and addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

☐

I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

☐

Partnership

☐

Corporation

☐

Sole Proprietorship

**PLEASE CHECK THE APPROPRIATE BOXES ABOVE AND SIGN BELOW.**

**Stockholders**

**Addresses**

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**THIS STATEMENT MUST BE INCLUDED WITH YOUR BID SUBMISSION**

Subscribed and sworn before me

---

(Affiant)

this\_\_\_ day of \_\_\_\_\_, 200\_\_\_

---

(Notary Public)

---

(Print Name and Title)

My Commission expires: \_\_\_\_\_

## **AFFIRMATIVE ACTION REQUIREMENTS**

COMPANY NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

BIDDERS ARE REQUIRED TO COMPLY WITH THE REQUIREMENTS OF P.L. 1975, c. 127 (N.J.S.A. 10:5-31, et seq.).  
See also N.J.A.C. 17:27 et seq.

### **REQUIRED AFFIRMATIVE ACTION EVIDENCE**

A. **PROCUREMENT & SERVICE CONTRACTS** (which are not subject to a Federally approved or sanctioned affirmative action program). All successful vendors must submit within seven (7) calendar days of the notice of intent to award or the signing of the contract, whichever is sooner, one of the following:

1. A PHOTOCOPY OF THEIR FEDERAL LETTER OF AFFIRMATIVE ACTION PLAN APPROVAL;  
OR
2. A PHOTOCOPY OF THEIR CERTIFICATE OF EMPLOYEE INFORMATION REPORT;  
OR
3. A COMPLETED AFFIRMATIVE ACTION EMPLOYEE INFORMATION REPORT AA 302.

### **B. CONSTRUCTION CONTRACTS.**

ALL SUCCESSFUL CONTRACTORS MUST SUBMIT WITHIN THREE (3) CALENDAR DAYS OF THE SIGNING OF THE CONTRACT AN INITIAL PROJECT MANNING REPORT AA 201 FOR ANY CONTRACT AWARD THAT MEETS OR EXCEEDS THE PUBLIC AGENCY BIDDING THRESHOLD.

## **VENDOR INFORMATION SHEET**

In order to assure that all future correspondence is directed to the correct address, assure proper ordering, and to expedite future payments, the following information must be provided with this bid:

Name of Business: \_\_\_\_\_

Correspondence Address, including zip code:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purchase Order Address, including zip code:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment Address, including zip code:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

## CONSENT OF INSURANCE COVERAGE

WHEREAS, \_\_\_\_\_ as

Principal, has submitted a bid to provide goods and/or services as specified in the subject bid to the County of Salem, and whereas, in order for such bid to be considered, proof of insurance must be submitted therewith;

NOW, THEREFORE BE IT KNOWN THAT, if the County of Salem shall accept the bid of the Principal and the Principal shall enter into a contract with the County of Salem in accordance with the terms of such bid, we the undersigned, do hereby state that we will provide the Principal with insurance coverage as set below:

- A. The insurance to be provided shall be underwritten by a company licensed to conduct business in the State of New Jersey and who also maintains an office in the State of New Jersey.
- B. Comprehensive General Liability insurance in an amount no less than \$1,000,000.00 combined single limit including broad form comprehensive general liability insurance liability endorsement, and \$2,000,000.00 aggregate property damage per accident; and shall include provisions for thirty (30) days prior written notice to the County of Salem of any changes, modifications, or cancellation of such coverage. The County of Salem shall be included as an additional named insured.
- C. Comprehensive General Automobile Liability insurance in an amount no less than \$1,000,000.00 combined single limit covering owned, non-owned, or hired vehicles and shall include provisions for thirty (30) days prior written notice to the County of Salem of any changes, modifications, or cancellation of such coverage. The County of Salem shall be included as an additional named insured.
- D. All policies maintained shall name the County of Salem as an additional named insured and shall provide for thirty (30) days prior written notice to the County of Salem of any changes, modifications, or cancellation terms of such policies and we shall provide the Office of the County Counsel with certificates of insurance evidencing such policies and provisions.
- E. All required insurance coverages must be in effect no later than 12:01 A.M., prevailing time, at the start of the day of the contract and remain in effect for the duration of the contract, including any extensions.

PRINCIPAL:

Sworn to and subscribed

Before me on this \_\_\_\_\_

Day of \_\_\_\_\_

20\_\_\_\_\_

\_\_\_\_\_  
(Bidder's Company Name)

\_\_\_\_\_  
(Authorized Signature on Behalf of Principal)

\_\_\_\_\_  
NOTARY PUBLIC

My Commission expires \_\_\_\_\_

INSURER:

\_\_\_\_\_  
(Insurer's Company Name)

\_\_\_\_\_  
(Authorized Signature on Behalf of Insurer)

## **NON-COLLUSION AFFIDAVIT**

State of \_\_\_\_\_

County of \_\_\_\_\_ ss:

I, \_\_\_\_\_ residing in \_\_\_\_\_

(Name of Affiant)

(Name of Municipality)

in the County of \_\_\_\_\_ and the State of \_\_\_\_\_, of full age, being duly sworn according to law on my oath depose and say that:

I am \_\_\_\_\_ of the firm \_\_\_\_\_

(Title or Position)

(Name of Firm)

the bidder making the proposal for the above named project, and that I executed the said proposal with full authority so to do; that said bidder has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the County of Salem in the State of New Jersey relies upon the truth of the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by \_\_\_\_\_

(N.J.S.A. 52:34-15).

(Name of Contractor)

Subscribed and sworn to

Before me this day

\_\_\_\_\_ 200\_\_\_\_.

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Typed or Printed Name of Affiant)

My Commission expires \_\_\_\_\_

(Month, Day, Year)



## **ACKNOWLEDGMENT OF RECEIPT OF ADDENDA**

\*\*\*\*\*

The undersigned Bidder hereby acknowledges receipt of the following Addenda:

<u>Addendum Number</u>	<u>Dated</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Acknowledged for: \_\_\_\_\_

(Name of Bidder)

By: \_\_\_\_\_

(Signature of Authorized Representative)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

FAILURE TO ACKNOWLEDGE AND RETURN WITH YOUR BID SUBMISSION THE RECEIPT OF ANY ISSUED ADDENDA FOR THIS BID ON THIS ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM SHALL BE CAUSE FOR YOUR BID TO BE REJECTED. N.J.S.A. 40A:11-23.2.e.